

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (1" x 4" optional area reference)

PORTION	TOTALS	ID NO.	DATE
FILE DETERMINATION	10	2584	4/18
A.P.R. CLASSIFIER		12	9/12
FORMALITY REVIEW	6	64824 64874	9 27 11 2 11 00

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through current)
☐ Cancelled
☐ Restricted

☐ Rejected
☐ Allowed
☐ Appeal
☐ Rejected

Claim No.	Date	Claim	Date
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If more than 100 claims or 10 actions
 staple additional sheet here
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